

Barriers, Motivators, and Facilitators (BMF) to Prenatal Care Utilization in Washington, DC: A Program of Research (The Barriers Protocol)

Methodology: The Barriers, Motivators, and Facilitators to Prenatal Care Protocol was designed to investigate prenatal care utilization in DC. The study consisted of three components. In the first component, the target population was pregnant women residing in DC who visited a health facility for the first prenatal appointment and postpartum women who received minimal to no prenatal care during pregnancy. The women were interviewed to obtain retrospective information about the barriers, motivators, and facilitators of early entry into prenatal care. Follow-up telephone interviews were later conducted to obtain prospective data about adherence to scheduled prenatal care visits.

The second component involved structured, closed/open-ended, self-administered interviews with prenatal care providers and facility administrators. Physicians, midwives, nurses, physician assistants, social workers, and nutritionists were interviewed to obtain their perceptions of the barriers, motivators, and facilitators, as well as the influences of service delivery patterns on utilization of prenatal care.

The study's third component consisted of focus groups with pregnant women and women of childbearing age who were substance abusers and/or homeless, people identified as the significant others to this specific profile of pregnant women, and community leaders. The discussions focused on barriers, motivators, and facilitators to prenatal care as perceived by each specific population. The prenatal care sample consisted of 348 women enrolled at the time of their first prenatal care visit and 302 women enrolled postpartum. Follow-up interviews were conducted with 70 percent (242) of those eligible for follow-up. Data were also collected from the health provider and about the health facility at the various protocol sites.

The current computer database consists of 348 prenatal baseline questionnaires, 242 prenatal follow-up questionnaires, 302 postpartum questionnaires, 114 provider questionnaires, and 12 facilities questionnaires. In addition, medical records were abstracted for prenatal and postpartum women.

Results: Variables contributing to late prenatal care initiation included maternal age younger than 20 years and older than 29 years, unemployment, no history of previous abortions, consideration of abortion, lack of money to pay for PNC, and no motivation to learn how to protect one's health. Three risk groups for late PNC initiation included 1) women considering abortion and not employed outside their homes; 2) women not considering abortion who had no previous abortion experience; and 3) teenagers not considering abortion and with no previous abortions.